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|--|----------------------|------------------------|--------------|
| <h2 style="margin: 0;">TRANSMITTAL<br/>FORM</h2> <p style="font-size: small; margin-top: 10px;">(to be used for all correspondence after initial filing)</p> | Application Number   | 09/930,120             |              |
|  | Filing Date          | August 14, 2001        |              |
|  | First Named Inventor | Ken HANSCOM            |              |
|  | Art Unit             | 3654                   |              |
|  | Examiner Name        | W. Rivera              |              |
| Total Number of Pages in This Submission   | 3                    | Attorney Docket Number | 249212011000 |

| ENCLOSURES (Check all that apply)   |  |  |
|---|--|--|
| <input type="checkbox"/> Fee Transmittal Form<br><br><input type="checkbox"/> Fee Attached<br><br><input type="checkbox"/> Amendment/Reply<br><br><input type="checkbox"/> After Final<br><br><input type="checkbox"/> Affidavits/declaration(s)<br><br><input type="checkbox"/> Extension of Time Request<br><br><input type="checkbox"/> Express Abandonment Request<br><br><input type="checkbox"/> Information Disclosure Statement<br><br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><br><input type="checkbox"/> Reply to Missing Parts/Incomplete Application<br><br><input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)<br><br><input type="checkbox"/> Licensing-related Papers<br><br><input type="checkbox"/> Petition<br><br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><br><input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address<br><br><input type="checkbox"/> Terminal Disclaimer<br><br><input type="checkbox"/> Request for Refund<br><br><input type="checkbox"/> CD, Number of CD(s) _____<br><br><input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC<br><br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><br><input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)<br><br><input type="checkbox"/> Proprietary Information<br><br><input type="checkbox"/> Status Letter<br><br><input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):<br>1. Request for Withdrawal as Attorney or Agent and Change of Correspondence Address - 2 pages |
| <div style="border: 1px solid black; width: 150px; float: left; margin-bottom: 5px;">Remarks</div>  |  |  |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT |                         |          |        |
|--|-------------------------|----------|--------|
| Firm Name                                  | MORRISON & FOERSTER LLP |          |        |
| Signature                                  |                         |          |        |
| Printed name                               | Robert A. Saltzberg     |          |        |
| Date                                       | March 18, 2009          | Reg. No. | 36,910 |